

This volume is the first in a series of related publications concerning Hospital Outpatient Services.

Additional parts will appear at intervals.

HOSPITAL Outpatient Services

Volume I
Selected References Annotated

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Division of Hospital and Medical Facilities
Washington 25, D.C.

In some instances, copies of government publications listed in this bibliography are still available from the originating agencies. Publications issued by other sources may be available for reference at local libraries, from the author, or the publisher.

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FOREWORD

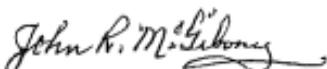
In terms of diagnostic, preventive, and restorative health programs good outpatient services help the hospital to fulfill its role as the true focal point of community health, professional education, and service to humanity.

It is imperative that these services be so planned and organized as to ensure adequate patient care to complement the pattern of medical practice in the community and to utilize available health resources most efficiently.

This annotated bibliography has been compiled from the literature by Robert J. Fitzsimmons, Hospital Administration Consultant in this Division, to assist planning agencies, trustees, administrators, medical groups, and other community leaders charged with providing medical care and health services for outpatients.

Although some fine articles and publications have been prepared on outpatient services, much more study, evaluation, development, and dissemination of knowledge is indicated. Grateful acknowledgment is made for contributions listed.

The cited references have been arbitrarily grouped into five categories for convenience to the reader. Although some overlapping is found, an effort has been made to present each reference under the category considered most appropriate to its major emphasis.



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HOSPITAL OUTPATIENT SERVICES

CATEGORY A General Concepts

A New Concept of the Organization and Management of the Outpatient Clinics.

Durbin, Richard L. "Hospital Management." 95:44-48. February 1963. 96:63-65, March 1963. (Continued in April and May 1963 issues.)

In the first in a series of four articles, the author maintains that full utilization of outpatient services has been hampered by financial limitations imposed by third-party payers and the lack of an efficient organizational pattern in clinics themselves. With rising hospital costs and proportional increases in insurance coverage, it now becomes necessary to use ambulatory care units to their maximum potential to reduce costs of total health care programs.

Stating that a clinic cannot function without adequate financial provisions, the author suggests that the management of this important area is a logical starting point for establishing the clinic's organizational pattern. Discussed in the first article are these financial considerations: direct cost financing; uniform cost statements; physicians' fee; and payment for services. Included in this section are tables for costs, clinic rates, and division of income on part-pay and full-pay clinic visits.

Part 2 of this series of articles discusses the staffing problems of the clinic and the control of patient appointments. Pointing out that the volume of business is entirely dependent on the size of the staff, the author emphasizes the need for adequate staff planning. An organizational staffing pattern of key personnel to ensure efficient handling of clinic patients is outlined and discussed. Associated with efficient handling of patients is a well-operated appointment system. One such system is presented and recommended.

Part 3 of the series stresses the need for establishing clinic objectives and inventorying available resources of personnel, money, and physical plant as a prerequisite to a successful outpatient program.

In outlining the traffic pattern of a patient through the outpatient department, the author states that the threefold functions of an outpatient department are:

To bring together the doctor, patient, and the medical record;

To be so organized as to ensure best patient care and clinical research at lowest cost during the assemblage of the basic threesome; and

To return the patient to the doctor.

Part 4 is devoted to a detailed description of the physical facilities and equipment that should be available in the patient service area. This part includes material which illustrates space and service time requirements as well as patient traffic flow patterns.

A Fresh Look at Outpatient Department Problems. Lee, Sidney S. "Hospitals," Journal of the American Hospital Association. 32:35-38. March 1, 1958.

The author examines the progress and role of the Outpatient Department, problems in modern outpatient care, and the way these problems are handled at Beth Israel Hospital, Boston, Mass. Among the factors discussed are: location of services, fragmentation of patient care, and the utilization of Outpatient Departments by teaching hospitals.

Ambulant Patient. Rorem, C. Rufus. "The Osteopathic Hospital." 6:7-10. March 1962.

This article discusses the evolution and trends of hospital care, with particular reference to ambulant patients. The author predicts the facilities and hospital organizational patterns that will be required to manage the anticipated increase in ambulant patient load.

Broader Horizons in the Field of Health. Bugbee, George. "Hospitals," Journal of the American Hospital Association. 35:34-37. September 1, 1961.

This material, presented at several hospital association meetings in Spring 1961, describes general and broad trends in the development of medical care in the United States. These trends include: (1) increased hospital use, (2) public criticisms of increased expenditures, (3) group practice, (4) hospital facility planning, (5) hospital construction in large urban centers, and (6) community organization.

The economic advantages of combining diagnostic and treatment centers for both inpatients and outpatients are discussed. In addition, the convenience factors for both doctors and patients are reviewed.

Conflicting Concepts of Function Shown in National Survey. McCarroll,

James R. and Skudder, Paul A. "Hospitals," Journal of the American Hospital Association. 34:35-38. December 1, 1960.

The authors in reporting the results of a national survey of hospital emergency departments, observe a conflict in concepts of function between users of emergency care facilities and management of surveyed hospitals. Feeling that these conflicting concepts are responsible for many of the problems in emergency care administration, the authors suggest that some of these problems could be resolved by establishing an acceptable definition of emergency department responsibilities and functions.

Described in detail are the methods used by the authors to obtain the data upon which they drew their conclusions.

Delineating Patterns of Medical Care. Solon, Jerry A.; Sheps, Cecil G.; and Lee, Sidney S. "American Journal of Public Health." 50:1105-1113. August 1960.

The authors point out that with the complexity of today's medical care services and the many ways that people obtain these services, a systematic approach is needed for studying and analyzing the mass of information representing people's use of medical care resources.

From a study of Beth Israel Hospital's Outpatient Department in Boston, the authors have indicated a conceptual framework to develop analytical concepts of the way that people use medical care resources. These concepts permit delineation of patient's current sources of medical care; identification of his central source of care; description of the role of his central source of care; and distillation of the essentials of his total care pattern into a configuration of the ways in which various people obtain their medical care.

Directory of Approved Internships and Residencies. Education Number, "The Journal of the American Medical Association," 336 pages. November 17, 1962.

The importance of outpatient experience and training in the basic educational background that prepares future physicians for practice is set forth in this directory which presents certain recommendations for standards of professional training.

The following quotations relating to outpatient services are from the section entitled Essentials of an Approved Internship:

"It is important that the intern have an opportunity to observe and participate in the total care of the patient. In order that this may be accomplished, he should follow as many patients as possible through their full hospital course, including outpatient observation."

Outpatient Department

"The changes in medical practice resulting from new drugs and other advances in medical care require revaluation of the importance of outpatient training during the internship. Hospitals should provide all interns carefully supervised experience in ambulant care under circumstances comparable to the office practice of medicine. Outpatient assignments should be closely correlated with corresponding services in the hospital, thus affording the intern an opportunity to see serious illness in its earlier aspects and encouraging followup work and observation of hospitalized patients over longer periods of time."

The following quotations relating to outpatient and emergency services are from the section entitled Essentials of Approved Residencies:

"Outpatient Department. -- The importance of the outpatient department and its role in the training of the resident staff should be emphasized."

"The resident staff should have a definite assignment to the scheduled clinics. They should be required either to attend all clinics of the hospital service to which they are assigned or, to devote full or part time to a series of clinics during a certain period of their training."

"Emergency Service. -- The service may vary from a few patients seen in emergency in the outpatient department to the extensive and well-organized accident wards which care for traumatic cases in connection with the ambulance services of large hospitals.... Under proper supervision of the attending staff, assignment to the emergency service is a valuable experience for the residents."

The following quotations as concerned with selected speciality programs are from the section entitled Special Requirements for Residency Training as concerned with selected speciality programs:

1. General Practice

"An important consideration to evaluating a residency program in general practice is the availability of adequate experience in the medical management of ambulatory patients. Hospitals which have no organized patient department should provide the resident with an opportunity to compensate for this deficiency such as that provided in a home care program or preceptorship."

2. General Surgery

"Valuable experience may be obtained from efficient outpatient services where they exist and by well-developed follow-up services in all hospitals."

3. Obstetrics and Gynecology

"An outpatient facility capable of providing such experience is an essential part of an approvable program, and must provide instruction in the management of the problems of the ambulatory gynecological and obstetrical patient."

4. Ophthalmology

"An approved residency in ophthalmology should include a well-organized and supervised active outpatient service supervised daily by an attending ophthalmologist."

5. Otolaryngology

"An approved residency in otolaryngology should include a well-organized and well-supervised, active outpatient service."

6. Pediatrics

"Clinical training should be obtained in general medical pediatrics, nutritional disorders, care of newborn infants, preventive pediatrics, and outpatient clinics of the various departments of medical pediatrics."

7. Physical Medicine and Rehabilitation

"The trainee should have the opportunity to learn to become proficient in prescribing and supervising all types of physical therapy, occupational therapy, and rehabilitative procedures for outpatients as well as patients on the hospital services."

8. Aviation Medicine

"Experience in the examination, care, and management of ambulatory patients should be provided through the facilities of an adequately staffed and well-equipped outpatient department."

9. Occupational Medicine

"Clinical training requires well-developed clinical facilities in a medical center in which a well-staffed outpatient dispensary, ample and well-staffed inpatient services, and a variety and a reasonable volume of patients and problems from industry are available for study."

10. Child Psychiatry

"The available patient reservoir should provide a well-balanced case load of supervised treatment, diagnostic and consultative work for the trainee. This must always include outpatient clinical experience and work with families, as well as directly with children."

11. Urology

"The clinical material should be sufficient in amount and variety to fulfill the teaching needs of the service. Hospital patients should be supplemented by outpatient material in cystoscopic and general urologic clinics."

12. Colon and Rectal Surgery

"He (the resident physician) shall assist in the outpatient department."

(Underlining furnished for emphasis by author of this publication.)

Hospital in Mountain Setting Outgrows Its Fourth Facility. Shomaker, Juanita. "Southern Hospitals." 30:29-33. April 1962.

The operation of a 100-bed, 20-bassinet hospital in a rural mountain area of North Carolina and the institution's growth since its founding in 1907 are described in this article.

Both inpatients and outpatients are served by the medical staff which consists of seven physicians and one dentist, covering specialties of surgery, obstetrics and gynecology, medicine, pediatrics, and radiology. The physicians have a group practice and alternate their calls. Thus a physician is always readily available since no outside calls are made. Office hours range from 8:00 a.m. to 7:00 p.m. After office hours a physician remains on duty to handle emergency patients.

Hospital Outpatient Service and Sound Planning. Collins, Glenn J. "U.S. Armed Forces Medical Journal." 11:516-525. May 1960.

Despite the marked use of hospital outpatient services since World War II, the author feels that civilian and military hospitals are not providing the quality of outpatient services that would be possible with proper planning. The author notes that the major deficiencies found in military outpatient departments have equal application to civilian hospitals. These deficiencies include: lack of continuity of doctor-patient relationships, long waiting periods, impersonal handling of cases, and overcrowding of facilities.

The author recommends the following improvements of outpatient services: the elevation of the outpatient services to equal status with other clinical departments of the hospital, the assignment of all clinics under the administrative control of a chief of the department of clinics, the initiation of a well-organized appointment system, the provision of sufficient physical facilities to handle the volume of patients, and the development of a training program for all clinic personnel in interpersonal relations.

Hunterdon Medical Center. Trussell, Ray E. Harvard University Press Cambridge. 1956. 236 pages.

A description of one approach to rural medical care is presented by the first director of the Hunterdon Medical Center, Hunterdon County, N.J. This book gives the story of an unusual project by the community members of Hunterdon County to provide themselves with medical and health facilities. The author describes the evolution of the community's goal to advance from a conventional hospital to a true medical and health center designed to serve the county's overall health needs. It tells how a rural community, after deciding it needed a hospital, proceeded to study its medical and health needs. This study led the way to the development of a medical center with a countywide program embracing many noteworthy features and new approaches. Some of the topics discussed include: the medical staff pattern; concepts of medical care; relationships with local doctors; personal feelings or demands for service by community members; layout of physical features; administration of the health center; and programs of preventive, curative, and rehabilitative care.

Lagging OPD Progress. Porter, F. Ross. "Hospitals," Journal of the American Hospital Association. 32:31. March 1, 1958.

As the title suggests, the author decries the lag in the development of Outpatient Departments in the Nation's hospitals. In explaining the evolution of such departments, the author noted that outpatients were originally

treated at home and then in dispensaries. Later, large outpatient departments were established in hospitals for the diagnosis and treatment of patients in the lower income brackets.

The author advances the following reasons for encouraging the growth of outpatient services for use by the general public:

1. Proved popularity of clustered medical services,
2. Use of expensive equipment may reduce outpatient unit costs,
3. Easily available outpatient services may avoid costly inpatient care,
4. Grouping of various specialists around the hospital will result in more efficient use of professional time, and
5. Ability of the hospital to provide total health service may increase quality of service.

Medical School Facilities: Planning Considerations and Architectural Guide.
PHS Publication No. 875. U.S. Department of Health, Education, and Welfare. Washington, D.C. 1961. 185 pages.

This report discusses the role and responsibilities of the medical school and the composition of its faculty and curriculum; presents in architectural and engineering terms the amount and type of space needed for the various medical school activities; and gives cost estimates and elements for planning. Information concerning outpatient facilities and programs is presented in both narrative and tabular form.

Modern Concepts of Hospital Administration. Owen, Joseph K. ed.
Chapter 26: (The Outpatient Department by Rea, Edward L.) 339-343.
W. B. Saunders. Philadelphia, Pa. 1962. 823 pages.

Operational concepts and philosophy of the Outpatient Department in the modern setting of hospitals are discussed by the author. Topics covered include: (1) location and space, (2) facilities, (3) records, (4) medical screening, (5) clinics, (6) procedures, (7) supporting services, and (8) health education.

Patient Care Facilities: Construction Needs and Hill-Burton Accomplishments.

Treloar, Alan E. and Chill, Don, "Monograph Series No. 10," American Hospital Association, Chicago, 1962, 245 pages.

This detailed survey describes what has been accomplished as a result of the Hospital and Medical Facility Survey and Construction Act of 1946, more commonly referred to as the Hill-Burton program. The authors enumerate the results of the program and present guidelines for the future, examining the administration and regulations of the program. Through a detailed study of actual performance by the States, this report directs attention to aspects of the program which are judged to need reconsideration. Conclusions were checked in a representative sample of 22 State Hill-Burton agencies by personal conferences with the directors and their immediate staffs; the opinions they expressed provided, in part, the basis for final reevaluations. The study emphasizes that certain of the program's regulations, including all but one of the ratios for construction of facilities, should be amended or revised.

Services and facilities for outpatients are given specific consideration in separate chapters under the following headings: The General Hospital as the focal point of all outpatient services and facilities (chapter 5); Mental Hospitals (chapter 7); Diagnostic and Treatment Centers as providers of psychiatric services and facilities (chapter 11); Public Health Centers (chapter 8); and Rehabilitation Centers (chapter 12).

Patterns of Medical Care: A Hospital's Outpatients. Solon, J.A.; Sheps, C.G.; and Lee, S.S. "American Journal of Public Health." 50:1905-1913. December 1960.

This is a report of a study of patterns of behavior of outpatients of the Beth Israel Hospital in Boston in obtaining medical care. These patterns are examined as to the medical care resources involved and their differential use. As a result, the authors point to important implications for providing care on an ambulatory basis in a community.

Staff Perceptions of Patients' Use of a Hospital Outpatient Department.

Solon, Jerry; Sheps, Cecil G.; Lee, Sidney S.; and Jurkowitz, Maeda. "Journal of Medical Education." 33:10-21. January 1958.

This study examined opinions and attitudes about patients' use of the Beth Israel Hospital's Outpatient Department on the part of the physicians, nurses, and social workers staffing the clinics. The study brings out in sharp relief the distinctive viewpoints of the three professional groups. These viewpoints are given recognition to prevent hidden conflicts from posing barriers to effective use of outpatient services.

The Role of the Medical Student in Patient Care Services. Wiggers, Harold C. "Journal of Medical Education." 37:281-287. April 1962.

The author reviews opportunities provided for a medical student's participation in patient care, including an inpatient and an outpatient clinical clerkship as well as an intensive, comprehensive family care program. The author observes that medical students will continue to participate in rendering high quality patient care services as a major facet of their educational program. In this process, medical schools and teaching hospitals have a responsibility to improve their student programs, as well as the quality of instructional supervision. A guiding policy should be to grant the student increasing responsibility for patient care -- not only for indigent but for "pay" patients.

Use of General Hospitals: Factors in Outpatient Visits. Odoroff, Maurice E. and Abbe, Leslie Morgan. "Public Health Reports." 72:478-483. June 1957.

This is an interim report, setting forth provisional findings of a national household survey on the use of general hospitals. It was developed as a first step in defining more precisely appropriate standards of service in general hospitals in the light of changing patterns of care. Data have been compiled from a sample comprised of about 27,000 families, including about 90,000 persons of all ages.

This report presents findings on demographic, ecologic, and economic factors related to the level of outpatient visits to general hospitals. The most significant contrasts in level of outpatient use appear for variations in income levels. Substantial differences in the rate of outpatient visits also accompany variations in race, age, employment status, and place of residence. The report includes seven informative tabular presentations.

ADDITIONAL REFERENCES

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Monograph Series No. 5," American Hospital Association, 1959.
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Small Ancillary Unit Plays Big Part in Hospital Plan. "The Modern Hospital." 98:83-85. June 1962.

The Give and Take in Hospitals. Burling, Temple; Lentz, Edith M.; and Wilson, Robert N. G. P. Putnam's Sons. New York. Chapter 8. 1956.

The Nurse in the Outpatient Department. Windermuth, Audrey. The Macmillan Company, New York. 1957.

The Referral Process in Medical Care and the University Clinic's Role. Williams, T. Franklin and others. "The Journal of Medical Education." 36:899-907. August 1961.

The Role of the Nurse in the Outpatient Department-- A Preliminary Report. Bernis, Warren G. and others. American Nurses Foundation, Inc., New York. 1961.

The Quality of Medical Care: Techniques and Investigation in the Outpatient Clinic. Huntley, R. R. and others. "Journal of Chronic Diseases." 14:630-642. December 1961.

Will Outpatient Services be Voluntary or Forced? Fitzpatrick, Thomas. "Hospital Progress." 35:53-55. November 1954.

CATEGORY B
Organization and Administration

Accounting, Statistics and Business Office Procedures for Hospitals. Roswell,
Charles E. United Hospital Fund of New York. New York 1946.
287 pages.

This book outlines the principles underlying hospital accounting and related business procedures to meet the needs of the hospital accountant and administrator. Topics discussed include financial reports, trust funds, general accounting procedures, credit and collections, budgeting, statistics, and the computation of hospital costs.

A chapter on "Patient Statistics" offers useful information, definitions, and units of measure to record services rendered to inpatients and ambulatory outpatients, including services provided in adjunct facilities.

A New Look at Hospital Organization. Rosenberger, Donald M. "Hospitals,"
Journal of the American Hospital Association. 36:42-46. February
1, 1962.

The author reviews the evolving concept of organization in the field of hospital administration and discusses such topics as: relationships, administrative structural principles, the hospital's functional organization, and program responsibilities. In the section regarding the hospital functional organization, reference is made to the desirability of administrative coordination of ancillary services, rehabilitative services, and outpatient clinics to form an organized clinic service for all ambulatory patients.

Adapting the Outpatient Department to Modern Hospital Needs. Howell,
James T. and Buerki, Robin C. "Hospitals," Journal of the American
Hospital Association. 32:32-34. March 1, 1958.

The importance of hospitals adapting their outpatient departments to make recent technological advances in diagnostic and therapeutic medicine readily available to the public is stressed by the authors. Changes in organization and facilities of Outpatient Departments may be necessary to achieve this goal.

This article lists many procedures which can be adequately handled in Outpatient Departments rather than on an inpatient basis, and provides source material for operational philosophy in the functioning of an Outpatient Department.

Comprehensive Nursing in an Outpatient Department. Schade, Julia A.
"American Journal of Nursing." 60:1259-1262. September 1960.

Reporting on the clinical activities of a new outpatient and diagnostic center for children in the Indiana University Medical Center, the author states that the role of the professional pediatric nurse in the clinic has undergone a gradual but marked change. Added to the traditional duties of taking temperatures, weighing children, directing patients and parents into examining rooms, and similar activities, the clinic nurse now has much broader responsibilities including observing, interviewing, and screening patients as well as performing certain teaching assignments. These added functions result in mutual benefits to the nurse and the clinic's service to the community.

Enter: The Ambulatory Patient. Wilmot, Irvin G. "Hospitals," Journal of the American Hospital Association, 32:43. March 1, 1958.

Characteristics of outpatients and the Outpatient Department environment are described by the author who also examines the administrative problems of a hospital and the philosophy behind its development of integrated ancillary departments or services for both inpatients and outpatients.

The following operational-administrative problem areas are discussed: (1) location of services (functional and segmented groupings), (2) staffing and supervision, (3) volume of workload, (4) communications, (5) system of operations, (6) policies and procedures, (7) financing, (8) positive approaches to administration, i.e., delegation by administrator, an assistant administrator directly assigned, and responsibilities.

Guide to the Organization of a Hospital Medical Record Department. American Hospital Association, Chicago. 1961. 92 pages.

This guide is designed to assist the administrator and those in charge of medical records, particularly in the smaller hospital, in applying certain basic principles of good medical record management in the establishment and periodic review of the hospital's medical record system.

Recommendations are made concerning such matters as location of medical records library, type of records to be kept for ambulatory patients, and statistical data to be compiled on outpatients.

Hospital Care in the United States. Commission on Hospital Care. Commonwealth Fund. New York. 1947. 631 pages.

This publication is presented as a guide to future development of hospital care in the United States with attention focused upon the function and scope of service of the general hospital. Of special interest to planners of outpatient services are the chapters devoted to: special service facilities in hospitals, hospital service statistics, and integration of hospital service. In addition there is a section on factors affecting the size, use, and need for hospital facilities.

Hospital Law Manual: Administrator's Volume I. Health Law Center. University of Pittsburgh, Pittsburgh, Pa. Original Publication 1959. Various pagings. Supplemented Quarterly.

The Hospital Law Manual is a comprehensive loose-leaf reference work on hospital law operated on a service basis. Subscribers to the Manual receive quarterly supplements, accompanied by a Newsletter which highlights the most important new developments. Chapters concerned with the various legal aspects of hospital functions are arranged alphabetically.

All chapters contain a detailed discussion of legal problems, together with suggested procedures and forms. Many chapters also contain State-by-State analyses, which indicate the status of the law in each State on particular issues. Many subjects are also covered in chart form for quick reference by the administrator.

Much of the information in the various chapters has a direct bearing on outpatient services.

A companion volume for the hospital attorney is also available.

Hospital Organization and Management. MacEachern, Malcolm. Physicians' Record Company, Chicago. 1957. 3rd Ed. 1316 pages.

In its comprehensive survey of the management of hospitals, this book contains a chapter on the organization and functions of the outpatient department. The author outlines the various facilities for furnishing outpatient services and explains how they should be established and operated. Detailed information is given concerning admitting procedures, staffing, physical facilities, medical records, and clinical management.

The importance of providing the same calibre of care for outpatients as is provided for inpatients is stressed in the discussion of admitting and treatment procedures. Several references are made to the need and conduct of an admitting diagnostic service to ensure the desired level of outpatient care.

The report, which is offered as a source book of basic information, contains prepared formulae to determine hospital needs, background material, and other data. Conclusions and recommendations are offered in summary form.

The chapter "Related Activities of the General Hospital" presents the functions and outlines the principles concerned with the outpatient department and the use of hospital diagnostic facilities.

Hospital Outpatient Services: A Guide to Surveying Clinic Procedures.

Solon, J. A.; Sheps, C. G.; Lee, S. S.; Keppel, B. R.; and Jones, S. H.
U.S. Public Health Service. Washington, D. C. (In process).

This document is a guide for surveying medical services and administrative procedures involved in providing patient care in outpatient clinics. It tells how to make such a study. While explicitly addressed to hospital outpatient departments with a number of clinics, the survey method may also be used in any medical organization having various clinical components, such as are found in certain independent outpatient centers, group health associations, public health centers, and private group practices.

Hospitals Visualized. Brown, Ray E. and Johnson, Richard L. American College of Hospital Administrators. Chicago. 1957. 2nd Ed. 134 pages.

This document presents a systematic review of the functioning of the various hospital departments. It was developed for use by students of hospital administration on field trips, for American College of Hospital Administrators Institutes, and for hospital administrators. The text consists entirely of questions that are universally applicable to large or small hospitals. However, because the material appears in question form, it should not be construed that approved solutions exist. The questions are presented not as problems, but rather as points of discussion. Practically all the departments of a general hospital have been included, with emphasis on administration and not the technical operation of the department.

How to Compute Outpatient Department Costs. Stine, H. I. "Hospitals," Journal of the American Hospital Association. 32:45+. March 1, 1958.

The author discusses a step-by-step procedure for determining Outpatient Department charges. Factors considered are: controlling direct expenses, allocating overhead, accounting for uncollectable revenue, and developing units of costs. Suggestions are also made concerning bases for allocating costs of services rendered the Outpatient Department by other departments, plus a unit of cost for outpatient visits.

How to Study the Nursing Service of an Outpatient Department. PHS Publication No. 497. U.S. Department of Health, Education, and Welfare. Washington, D.C. 1957. 75 pages.

This manual suggests methods for studying statistical information about ten different aspects of outpatient department operation including: (1) activities of nursing personnel, (2) adequacy of equipment and supplies, (3) reception and admission, (4) patient activities and investigation of patient waiting, (5) appointment system, (6) records, (7) referrals, (8) coordination with other agencies, (9) patient opinion, and (10) patient teaching activities.

Study methods recommended which are typically used in methods work and sampling, include use of flow charts, observations, and interviews.

Job Descriptions and Organizational Analysis for Hospitals and Related Health Services. U.S. Department of Labor. Washington, D.C. 1952. 532 pages.

This publication was developed by the U.S. Employment Service and the American Hospital Association to furnish basic occupational information to hospital administrators as well as personnel in local Employment Service offices throughout the country. Detailed job descriptions, including personnel qualifications, performance requirements, and working conditions, are presented as composite occupational situations occurring in the general hospital. Functions, purposes, and limits of responsibility of hospital departments are defined, thus providing a framework within which departmental structures may be established in individual hospitals. In addition, lines of authority are presented as are relationships with other departments and groups, indications of minimum essential requirements of accrediting agencies, extent of supervision and direction given personnel in the department and the relative significance of the department within the overall institutional structure. Each department description is accompanied by an organizational chart.

Law of Hospital, Physician, and Patient. Hayt, Emanuel; Hayt, Lillian R.; and Groeschel, August H. Hospital Textbook Company. New York, 1952. 2nd Ed. 804 pages.

This is a comprehensive textbook for hospital administrators, physicians, and others who have responsibilities for the care of the sick and injured in medical care facilities. The book is organized into seven areas and 54 appropriate chapters concerned specifically with the medico-legal aspects of hospital administration. In the chapter concerning admission of patients, the section relating to emergency service outlines obligations, requirements, and principles of providing such service to the public at large.

Manual of Admitting Practices and Procedures. American Hospital Association. Chicago. 1952. 72 pages.

This manual was developed to give general requirements and principles of operation for the admitting office of the hospital. The material covers, in some detail, the functions, policies, staffing patterns, and physical features of an effective admitting office. Sections on legal problems and relationships with the public and the press are also included.

Manual on Insurance for Hospitals. American Hospital Association. Chicago. 1955. 160 pages.

This manual presents essential information concerning an adequate insurance program that will preserve the assets of the hospital. An analysis is made of the policy provisions of the major types of insurance bought by hospitals, the responsibilities of the buyer and seller, and the many options that exist in the insurance field.

Principles of Hospital Administration. McGibony, John R. G. P. Putnam's Sons. New York. 1952. 522 pages.

This book, in its outline of principles for hospital administration, contains a chapter on outpatient services, including emergency care facilities.

A chapter on outpatient services gives the philosophy of functions, principles for administration, and specific recommendations for providing necessary medical care for ambulatory patients.

Portrait of a Clinic in Action. "Hospitals," Journal of the American Hospital Association. 32:38-42. March 1, 1958.

This picture article describes the general administration and patient flow procedures used in the Carle Hospital Clinic, Urbana, Ill. where a voluntary association of physicians is engaged in coordinated group practice of medicine.

The inpatient facilities of the nonprofit hospital which engages staff of 40 physicians representing nearly all the specialties of medicine and surgery, together with the services of the Outpatient Clinic constitute a fully integrated regional health center. Waiting time for patients is reduced by keeping administrative systems simple, and the amount of patient travel is reduced by grouping related services and giving central locations to services used most often.

Problems of Measuring Patients' Care in the Outpatient Department. Klein, Malcolm W. et al. "Journal of Health and Human Behavior," 2:138-144. Summer 1961.

This article describes the efforts of the authors to establish a means of measuring patient care in outpatient departments to achieve some common ground between the goals of basic researchers and health administrators.

Investigations by the authors indicated that no ready-made comprehensive criteria exist for measuring patient care since there is disagreement among interested groups as to which aspects should be considered. In view of this finding, the authors concluded that the most logical answer would seem to involve two steps: (1) abandon the concept of patient care per se in research, and (2) adopt a more operational approach in terms of "end-products" or "selected aspects" of care.

The article delineates some of the problems and factors associated with any attempt to evaluate outpatient department goals.

Prototype Study: Hospital Operations and Activities. Block, Louis. "Modern Hospital." 92:93+. February 1959. 106+. March 1959. 104+. April 1959. 103+. June 1959. 93:116+. October 1959. 94:95-98. February 1960. (Available as a reprint from the Division of Hospital and Medical Facilities, Public Health Service, U.S. Department of Health, Education, and Welfare. Washington 25, D.C.)

This work contains a series of prototype studies of hospital operations and activities, with information on principal departments, including Outpatient Departments and Emergency Rooms. It includes studies for 25-, 50-,

100-, 200-, 400-, and 600-bed hospitals. The study presents detailed analyses of operations in tabular form, showing the approximate year in which data were available. Studies point out the major changes in operation and utilization that have occurred in the seven years 1953-1959.

Uniform Chart of Accounts and Definitions for Hospitals. American Hospital Association. Chicago. 1959. 173 pages.

This manual is designed to serve as a guide to hospitals in establishing a chart of accounts and in defining terms. It provides definitions which can be used commonly in the hospital field, regardless of geographical area, size, kind, or type of hospital, thus enabling accumulation of data in a uniform and consistent manner and providing financial and statistical facts that can be compared and evaluated. The manual is intended to serve as the basis for all accounting manuals published by the American Hospital Association.

Included in the manual are useful checklists giving estimated life in years of equipment for the various departments of the hospital.

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CATEGORY C
Emergency Services

Ambulance Service in Seattle. Lehman, S. P. and Hollingsworth, K. H.
"Public Health Reports." 75:343-351. April 1960.

This report is an appraisal of the findings of a study conducted in July 1958 to evaluate emergency ambulance service in King County, Washington, which includes Seattle. Costs, efficiency, and relationship to traffic hazards were reviewed and analyzed.

The report presents background information, method of operation, traffic demands, and driver training. Data collected in this study are presented in both narrative and tabular form.

A 1962 revision of this report, in limited mimeographed form, is available from the Seattle-King County Department of Health, Seattle, Wash. The revision contains copies of current Seattle City Ordinances pertaining to ambulance operation and a bibliography of articles concerning ambulance services.

A Community Learns About Its Emergency Center. Mann, Crayton E.
"Hospital Topics." 41:36-37. February 1963.

This article concerns the emergency room at St. Margaret Hospital, Hammond, Ind. In listing the factors considered in planning, the author discusses the functional philosophies which influence the establishment of an emergency room for an industrial community.

So that the public will keep abreast of its emergency room functions, the hospital is planning a brochure which will explain policies, reasons for delays in treatment, and basis for charges. In addition, there will be a section on emergency room statistics.

A Refresher Course for Ambulance Attendants. Freilich, Herbert. "Hospital Topics." 41:43-45. February 1963.

The author contends that total emergency patient care programs will suffer unless the increasing number of nonprofessional attendants are more adequately trained in their duties. While care must be taken in the initial selection and training of ambulance attendants, it is equally important to continue their training to keep them abreast of new techniques and practices.

Describing a current training program for ambulance attendants at Queens Hospital Center, Jamaica, N. Y., the author lists the criteria used for selecting course candidates and methods for instruction. Included in the description is a detailed outline of the course curriculum.

Casualty Services and Their Setting: A Study in Medical Care. Nuffield Provincial Hospitals Trust. Oxford University Press, London. 1960. 135 pages.

Expressions of public dissatisfaction with adequacy of casualty departments throughout England resulted in this study of casualty services undertaken by the Nuffield Provincial Trust in the summer of 1959. The study was directed at determining whether criticisms of the casualty service were justified. Twenty casualty departments serving over five million people in 14 areas of England were analyzed.

Among the major conclusions reached by the study group were:

1. Public dissatisfaction with casualty services is justified.
2. A need is apparent for leadership and executive action on the part of hospital authorities to review, reorganize, and improve services for casualties.
3. All hospitals should be classified and listed as to their facilities for accident and emergency cases.
4. Services provided by general practitioners have a bearing on utilization of casualty departments by the public.
5. Generalization about the organizational pattern needed for a community is difficult due to lack of information regarding variations in type and frequency of casualties.

Emergency Ambulance Service. Conway, Alvin J. and Moses, Howard H. "Hospital Topics." 41:38-43. February 1963.

Observing that the operation of a hospital-based emergency ambulance service can pose both medical and administrative problems, the authors describe the way in which the Knickerbocker Hospital, New York City, has tackled these difficulties.

Administratively, the ambulance services are organized as a unit of the ambulatory services division of the hospital which also includes the

emergency, outpatient, and private ambulatory units. Administrative emphasis is focused on three areas: training programs for ambulance personnel; maintenance of vehicles, equipment and supplies; plus supervision and safety. Special programs governing these three areas have been developed and are in effect with continual supervision and review.

The authors feel that despite the problems inherent in operating a hospital-based emergency ambulance service, it is often a vital part of the total medical care services provided by the hospital to its community and is desirable and feasible under proper supervision.

Emergency Department Services in Hospitals in New York City. "The Bulletin of the Hospital Council of Greater New York." 14: No. 2. 1959.

This article presents the available data on emergency visits in New York City and discusses some of the factors which may account for the observed increase in such visits. The data are taken primarily from two sources: the United Hospital Fund for its member hospitals and the Hospital Council's annual inventory for the other voluntary hospitals and for the municipal hospitals. Included are comments on the trend of injuries, changes in emergency ambulance service, and relationships to Outpatient Departments and to Blue Cross ambulatory patients in the rendering of emergency services in the New York City area.

Give the Emergency Room the Status It Deserves. Kennedy, Robert H. "Hospitals," Journal of the American Hospital Association. 31:35-36. March 16, 1957.

The author states that not enough importance is given to the role of the hospitals' emergency care unit in rendering emergency patient care services. He observes that this is the weakest link in most hospitals, not only from the standpoint of patient care but also the public relations aspect. To raise the emergency care unit to its proper status, the author recommends standards for professional care, personnel, equipment, and physical facilities.

How To Evaluate Emergency Room Care. Duncan, Margaret. "Modern Hospital." 99:103. November 1962.

Stimulated by the increased number of visits to the emergency room in recent years, a study was conducted in Methodist Hospital, Indianapolis, to help clarify the role of the emergency service. The purposes of this

study were to determine (1) who sends the patient to the emergency department, (2) the degree of emergency or urgency of the patient's condition, (3) the percentage of patients with injuries due to accidents, and (4) the percentage of patients with conditions due to other causes. The establishment of a possible frequency of visit pattern was still another purpose. The author describes the results of a survey of 2,997 emergency department patients during a two-month period which can be helpful to hospitals to appraise their emergency care service and provide information for planning purposes.

How New Patterns of Medical Care Affect the Emergency Unit. Lee, S.S.; Solon, J.A.; and Sheps, C.G. "Modern Hospital." 94 (5): 97-101. May 1960.

This study attempts to discover the role of the hospital emergency units as a source for obtaining ambulatory medical services by the members of the community. From the information gathered from a sample of 798 visits to the emergency unit of the Beth Israel Hospital in Boston, the authors conclude that the hospital's emergency unit is embracing an enlarging function in response to evolving community need and changes in patterns of medical practice. Statistical data gathered during the study showed a broad range of medical and surgical conditions appearing in the emergency unit of which one-half was considered by doctors to require immediate or early medical attention. Others were not considered urgent from a medical standpoint yet gravitated to the emergency unit for various reasons.

Is Your Emergency Room Ready? McGibony, John R. "Medical Annals of the District of Columbia." XXXII:23-26. January 1963.

The author discusses increasing utilization of outpatient and emergency services, trends, and major factors in emergency room use. Presented in outline form are criteria for organization of emergency services involving authorities, relationships, personnel, records, general policies, procedures and standing orders, and physical facilities.

Modern Concepts of Hospital Administration. Owen, Joseph K. ed. Chapter 25: (Emergency Service by Flynn, Donald F.) 330-338. W.B. Saunders. Philadelphia. 1962. 823 pages.

In this chapter, the author discusses the functional concepts of an emergency service in the community hospital, covering these aspects: scope of operation, design, location, physical layout, records, equipment and supplies, staffing patterns, educational programs, organization, policy and procedures, and disaster planning.

Outpatient Unit Designed for Disaster Care. Sr. M. Gertrudis. "Hospitals," Journal of the American Hospital Association. 35:38-40. February 1, 1961.

This article describes the new outpatient and emergency service unit constructed as an addition to the St. Francis Hospital, Evanston, Ill. These outpatient and emergency facilities are designed for multipurpose use by private patients, clinic patients, hospital employees, or community agencies.

Emphasis on disaster planning to care for large numbers of disaster victims strongly influenced the architectural design of the physical plant and the special equipment located within this outpatient department.

The author indicates a high usage rate for this new service unit since its opening.

Regulation of Emergency Services. Briggs, Adelbert E. and Palmer, Frank C. "Public Health Reports." 78:41-44. January 1963.

Referring to a national survey undertaken jointly by the American College of Surgeons, the American Association for the Surgery of Trauma, and the National Safety Council in 1958, the authors state that emergency transportation and medical care services, in most communities, are noticeably unsupervised and unregulated.

While noting that interested national organizations have taken action to stimulate development of adequate emergency services, the authors feel that a higher standard of service is attainable primarily through organized, systematic local efforts to regulate vehicles, equipment, and the selection and training of attendants. These local efforts should include establishment of minimum standards, periodic inspections, and the licensing of operating agencies and individual attendants. Such efforts at regulation will be most successful when the local medical society, the health department, and operators of emergency services are represented in the planning process.

The Emergency Department in the Hospital. American Hospital Association. Chicago. 1962. 46 pages.

This guide for the organization and management of hospital emergency patient care units has been prepared for the use of those responsible for providing and operating such facilities, regardless of their size and scope. It discusses trends in emergency care, planning principles, and underlying philosophies of administration, organization, and direction.

Indicating those facilities or services which should be provided for the management of outpatients, specific and detailed recommendations are offered for planning purposes. The publication has deliberately omitted material on first-aid measures and disaster planning, noting that discussion is limited to the problem of the care of the patient after his arrival at the hospital.

The Emergency Department in the Hospital: A Guide to Organization and Management. American Hospital Association. Chicago. 1961. 46 pages.

This guide was prepared by a joint committee comprising representatives of the Committee on Trauma of the American College of Surgeons and the entire Committee on Outpatient Services of the American Hospital Association.

Subjects covered include: General Philosophy of Operations; Administrative Considerations; Operation Policies and Procedures; and Physical Aspects and Requirements of the Emergency Department.

The Emergency Room Crisis: How One Hospital Is Handling It. Morgan, Patricia D. "RN." 25:46+. October 1962.

In reporting the functioning of the Emergency Room of the Louisville (Kentucky) General Hospital, the author describes several problems concerned with rendering emergency patient care and how they are met by the hospital staff members. References are made to the philosophy and management principles which emphasize prompt patient care, public relations, sound professional judgments, and organized procedures.

The Problem of Emergency Service. Letourneau, Charles V. "Hospital Management." 83:39-41 and 64. January 1957.

The difficulty of getting physicians to serve emergency patients who come to the hospital is declared by the author to be one of the most perplexing problems facing hospital administration in the operation of emergency services.

The author contends that regardless of size, the hospital has the responsibility to provide adequate facilities to care for emergency cases and to establish procedures to ensure that no emergency patient is ever left unattended or is not examined and diagnosed by a licensed physician. Collaterally, the medical profession has the responsibility for responding to all calls for emergency service. Failure of physicians to respond when called upon, without good cause, is considered to be a breach of ethical duty to the community.

Warning hospital administrators of potential liability suits for failing to provide the services of a licensed physician for emergency coverage, the author suggests the establishment of a rotation system for emergency calls. This rotation system would assign every physician on the hospital's active staff to take his turn in responding to emergency calls under the strict supervision of the medical staff.

What Is An Emergency? Broad Definition Needed for Effective Community Service. Davison, Robert A. "Hospital Topics." 41:32-35. February 1963.

Calling the emergency service the hospital's good-will ambassador to the entire community, the author contends that regardless of size or limitations in emergency facilities, the hospital must be prepared to meet all needs for emergency care with all available facilities. However, before the hospital can establish requirements for staff, equipment, and space for its emergency service, it must determine basic philosophy and functions for rendering care. Irrespective of operational philosophy, the following steps are involved in handling emergency patients: reception and triage; examination; observation and treatment; and disposition.

The author broadly defines an emergency as any condition in a patient considered in urgent need of medical care either by the patient or those assuming responsibility for bringing him to the hospital. This definition is used to identify one type of patient who utilizes the emergency service.

Other types of patients arriving at the emergency care facility who do not fall within this definition pose a problem for the hospital. Such patients tend to use the emergency facilities as an extension of the practicing physician's office whether they are indigent or private patients. Suggested by the author as a remedy for this and other related utilization problems, is a program of educating the community to recognize that the emergency service is designed for patients with acute, urgent medical needs and not an economical or convenient doctor's office.

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Providing An Emergency Department Dispensing Service. Taniguchi, Theodore. "Hospitals," Journal of the American Hospital Association. 36:126-130. October 1, 1962.

Raising Standards of Care in the Emergency Department. Kennedy, Robert H. "Hospitals," Journal of the American Hospital Association. 36: 74, 76, 78, 82, and 84. October 1, 1962.

Regulations Governing the Emergency Ambulance Service in the City of New York. City of New York, Department of Hospitals. New York City. 1957.

The Emergency Room and the Changing Pattern of Medical Care. Shortliffe, Ernest C.; Hamilton, T. Stewart; and Norcian, E.H. New England Journal of Medicine. 258:154. January 2, 1958.

The Emergency Unit in the Modern Hospital. Howell, James T. and Buerki, Robin C. "Hospitals," Journal of the American Hospital Association. 31:37-39. March 16, 1957.

The Hospital Emergency Department--An Approach for Examining Emergency Service. American Hospital Association. Chicago, Illinois. 1960. 4 pages.

Transporting the Sick and Injured in Niagara Frontier Plan. Osborne, H.W. "Traffic Quarterly." October 1960. Page 532.

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CATEGORY D
Design and Equipment

A Model of a Hospital Emergency Department. American College of Surgeons.
Chicago. 1961. 16 pages.

Prepared by the Committee on Trauma, American College of Surgeons, this document depicts the requisites for a modern emergency department in light of continuing trends which have altered many of the traditional concepts of the function of an emergency department. Not intended as a pattern for any specific institution, this publication serves to illustrate the facilities which must be considered in building or enlarging an emergency care unit in any general hospital. Whether they are necessary depends on how it is to function in that community. Illustrations of a model floor plan and sectional plans of various specific areas are included, as well as suggested equipment lists and schedules of finishes.

Hospital Electrical Facilities. PHS Publication No. 818. U.S. Department of Health, Education, and Welfare. Washington, D.C. 1961. 35 pages.

This publication describes the various uses of electrical power in the hospital, setting forth details on services, equipment, systems, and special installations. It includes a table on recommended illumination-footcandles for use throughout the hospital.

Hospital Equipment Planning Guide. PHS Publication No. 930-D-4. U.S. Department of Health, Education, and Welfare. Washington, D.C. 1962. 47 pages.

This publication, which presents suggested equipment for 50-, 100-, and 200-bed general hospitals, serves as a guide to hospital administrators, architects, and others concerned with hospital planning and construction. Listed in a separate category are recommended items of equipment for the outpatient department.

Master Program and Plan for the New Mercy Hospital (Denver, Colo.).
Gordon A. Friesen Associates and Linder, Wright and White.
Washington, D.C. 1961. 64 pages.

The authors express pertinent operational philosophy in the introductory remarks which could have general application for hospital planners.

Included in the text is information on the Emergency-Outpatient Department planned for the New Mercy Hospital. Also included are floor plans for this Department in the attached appendixes.

Mobile General Hospital, (Mobile, Alabama). Gordon A. Friesen Associates and T. Cooper Van Antwerp. Mobile. 1959. 79 pages.

This document outlines the master programs and plan for the construction and operation of the Mobile General Hospital. As with all other departments and sections of the hospital, a listing is presented of the physical features and requirements recommended for both the Outpatient and the Emergency Departments.

The Emergency Department: Some Considerations on Essential Physical Facilities. Shortliffe, Ernest C. "Hospitals," Journal of the American Hospital Association. 36:48. November 1, 1962.

The author states that the changing attitudes on the part of the public and the physician as to the best way to handle emergencies leave no alternative but to increase emergency department facilities in size and number. The physical factors to be considered in planning for increased emergency services are discussed by the author who emphasizes the importance of recognizing the need for early policy decisions on the role and purposes of the emergency care program in the individual hospital. To arrive at these decisions and for periodic review of the standard of care available, the need for joint action by the medical staff, administration, and the nursing service is stressed as the key to efficient operation.

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